

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 7664	2. Fiscal Year Covered From: 1 / 1 / 2004 Through 12 / 31 / 2004
3. Name and address of person filing. Name Timothy J. Doerr P.O. Box, Bldg., Room No., if any Street 219 Parkside Ln. City Oswego State Illinois ZIP Code + 4 60543-8210	4. Name, file number, and address of labor organization. Name Plumbers and Pipe Fitters U.A. Local 501 Labor Organization File Number 540-949 P.O. Box, Building and Room Number, if any Street 1295 Butterfield Rd. City Aurora State Illinois ZIP Code + 4 60502-8897
5. Position in labor organization: Business Agent	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. 7. b. Amount. \$0

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

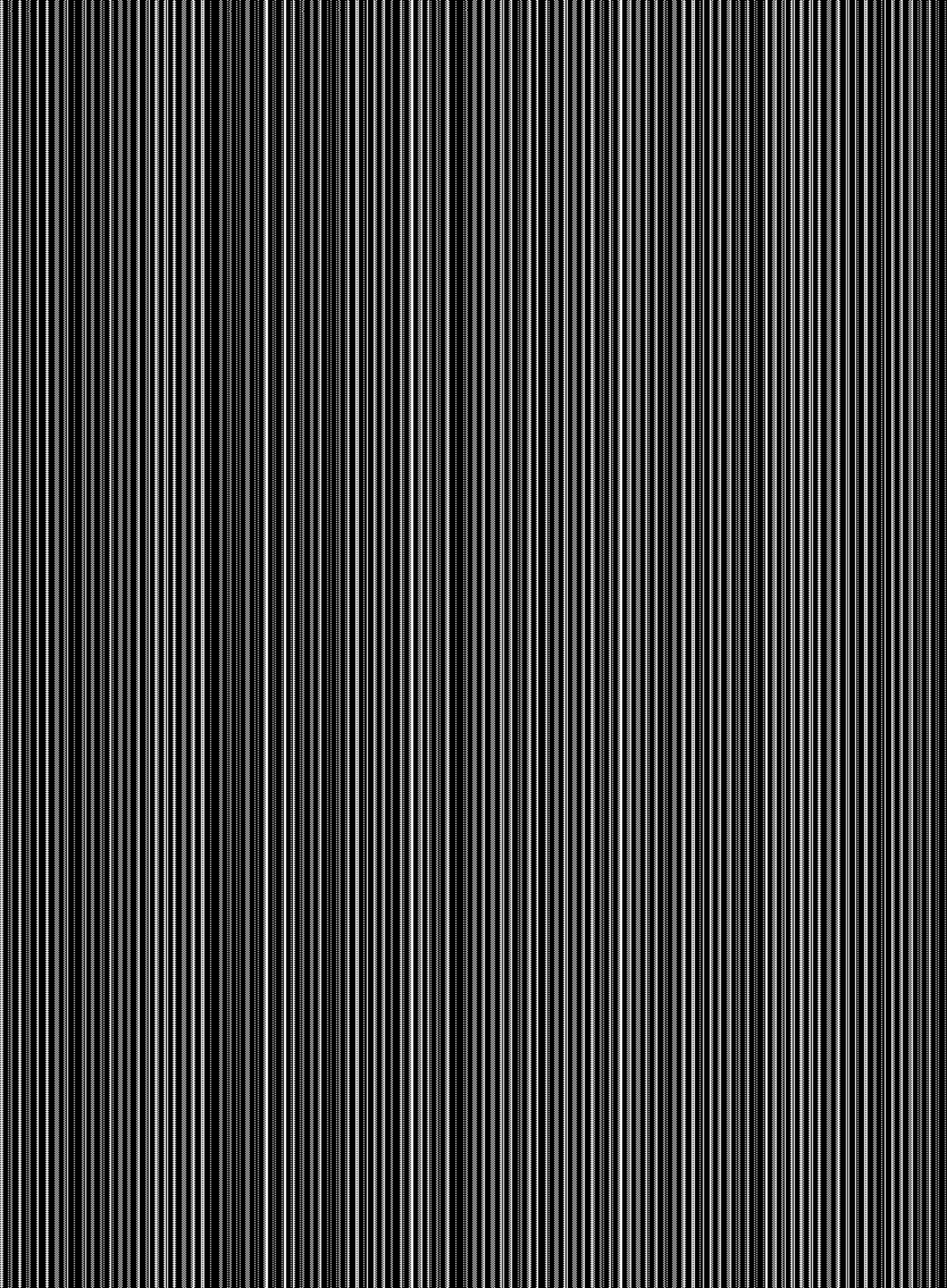
On

8/8/2005

Date

(630) 554-2246

Telephone Number



Name of Person Filing Timothy Doerr

File Number U-

Part 3 Continuation Page

5. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

6. Name and address of Business (including trade name, if any).

Name No. Ill. Education Fund/Joint Education Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1295 Butterfield Rd.

City Aurora

State Illinois

ZIP Code + 4 60502-8879

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Provides the training programs for Local 501 Plumbers and Pipe Fitters.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Reimbursement for Hotel Room 8/11/2004 - 8/12/2004.

12.b. Amount.

\$204

Name of Person Filing Timothy Doerr

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business: (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name No. Ill. Education Fund/Joint Education Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1295 Butterfield Rd.

City Aurora

State Illinois

ZIP Code + 4 60502-8879

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street:

City:

State:

ZIP Code + 4:

11.a. Nature of such dealing.

Provide training programs for Local 501 Plumbers and Pipe Fitters.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Apprentice Graduation Dinner.

12.b. Amount.

\$40

To: U.S. Department of Labor

This represents my good faith effort to reconstruct the reportable occurrences for the period January 1, 2004 to December 31, 2004. These are my only LM-30 reportable transactions. I am filing this form in order to qualify as part of the DOL amnesty filing for 2004 and the prior five years.

Signed:

Timothy J. Dorr

Dated:

8/8/05

Print Name:

Timothy J. Dorr